

Application for Employment

Date _____ / _____ / _____

Personal Information

Name _____
Last First Middle

Address _____
Street City State Zip

Home Phone (_____) _____ Mobile / Other Phone (_____) _____ Email _____

Are you a U.S. citizen or do you have the legal right to remain in the U.S., and are you authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation)

Yes No

If under 18, can you furnish a work permit if requested?

Yes No

Employment Desired

Name of Position(s) applied for _____

Type of employment desired:

Full-Time Part-Time Educational Co-Op

How did you hear about this position?

Walk-in Friend/Employee Advertisement Company Website School Job Fair

Recruiting Agency Family Member Other _____

Have you ever applied for employment here, or been employed here before?

Yes No

If applied previously, please provide date(s), position(s), and name (if different) _____

If previously employed here, From _____ / _____ / _____ To _____ / _____ / _____

If the position requires it, are you willing to travel?

Yes No

If the position requires it, are you willing to work overtime?

Yes No

What date can you start? _____ / _____ / _____

What is your desired salary or hourly rate of pay? \$ _____ Per _____

Do you use any tobacco products?

Yes No

Have you ever pled no contest or guilty to, or been convicted of any crime, felony or misdemeanor, or do you currently have a felony charge pending against you?

Answering yes does not necessarily result in being barred from employment. Other factors, for example: the seriousness and nature of the violation, when it occurred, demonstrated rehabilitation, and the position applied for will be taken into consideration.

Yes No

If Yes, please provide date(s) and details _____

Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation?

This question is not to elicit information about any disabilities you may have. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed later to the extent permitted by law.

Yes No Need more information about the job's "essential duties" to respond

Previous Employment History

Employer	Phone	Month	Year	Month	Year
	()	From	/	To	/
Address		Starting Position			
Name / Title of Immediate Supervisor		Starting Pay			
Responsibilities		Commission/Bonus/Other Compensation			
Reason for leaving		Final Position			
What did you like most about your position or employer?		Final Pay			
What did you like least about your position or employer?		Commission/Bonus/Other Compensation			
Employer	Phone	Month	Year	Month	Year
	()	From	/	To	/
Address		Starting Position			
Name / Title of Immediate Supervisor		Starting Pay			
Responsibilities		Commission/Bonus/Other Compensation			
Reason for leaving		Final Position			
What did you like most about your position or employer?		Final Pay			
What did you like least about your position or employer?		Commission/Bonus/Other Compensation			
Employer	Phone	Month	Year	Month	Year
	()	From	/	To	/
Address		Starting Position			
Name / Title of Immediate Supervisor		Starting Pay			
Responsibilities		Commission/Bonus/Other Compensation			
Reason for leaving		Final Position			
What did you like most about your position or employer?		Final Pay			
What did you like least about your position or employer?		Commission/Bonus/Other Compensation			

Explain gaps in your employment, except those due to disability, injury, or personal illness. _____

Education

School	Years Completed	Degree	GPA/ Class Rank	Major/Minor
Name Address		<input type="checkbox"/> Diploma/GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
Name Address		<input type="checkbox"/> Diploma/GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
Name Address		<input type="checkbox"/> Diploma/GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
Name Address		<input type="checkbox"/> Diploma/GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		

Skills and Qualifications

List special training, skills, licenses, or certifications pertinent to the position for which you are applying. _____

List your computer and/or software skills: (check appropriate boxes and include software titles and years of experience)

<input type="checkbox"/> Word Processing _____	Years _____	<input type="checkbox"/> Internet _____	Years _____
<input type="checkbox"/> Spreadsheet _____	Years _____	<input type="checkbox"/> CAD or Design _____	Years _____
<input type="checkbox"/> Presentation _____	Years _____	<input type="checkbox"/> Other _____	Years _____
<input type="checkbox"/> Email _____	Years _____	<input type="checkbox"/> Other _____	Years _____

Other

Please list organizations (professional, trade, etc.) that you belong to which are pertinent to the position you are applying for
Do not include memberships that would reveal religion, sex, sexual preference, race, color, national origin, country of citizenship, your age, mental or physical disabilities, veteran/reserve, National Guard, or any other protected status

List accomplishments, publications, awards, etc. pertinent to the position you are applying for
Do not include memberships that would reveal religion, sex, sexual preference, race, color, national origin, country of citizenship, your age, mental or physical disabilities, veteran/reserve, National Guard, or any other protected status

In your current or a prior job, have you ever written or developed instructions or directions to be followed by employees or customers?
 Yes No Not Applicable

If Yes, please explain _____

Is there any other job-related information you want us to know about you? _____

Other (continued)

Driver's license number required if driving may be required in the job for which you are applying.

Driver License #

State

Expiration Date

References

Name	Title	Relationship to You	Phone #	Number of Years Known
			()	
			()	
			()	

Applicant and Application Statement

My signature certifies that all the information I provided to apply for and secure work is true, complete and correct.

If accepted for employment, I hereby agree to comply with all rules and regulations, to perform all assigned duties to the best of my ability, and to assume all responsibility for company property entrusted to my care.

Furthermore, I authorize with no reservation, the employer, its agents, representatives, or employees to contact and gather information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, or in a resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agencies, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for providing such information about me.

I understand this employer does not unlawfully discriminate in employment and no inquiry or question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand this application remains current for 30 days, and at the conclusion of 30 days if I have not heard back from the employer and still desire to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in the regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (a) eliminate me from further consideration for employment, or (b) may result in my immediate discharge from employment, whenever discovered.

Finally, in consideration of my employment and any wages, salary or other remuneration paid to me by the company, I agree not to communicate or disclose to any person, not employed by the company, any proprietary knowledge, confidential information or trade secrets acquired by me during my association with the company and that the company shall have full title to every invention, discovery, or improvement conceived or delivered by me during my employment, and I agree, if requested, to execute such instrument and assignments as may be necessary to enable the company to obtain letters or patent thereon in the U.S. and elsewhere.

I certify that I have read, completely understand, & accept all terms of the foregoing Applicant and Application Statement.

Signature of Applicant _____

Date _____ / _____ / _____